

WRTAC

APRIL 16, 2010

Called to order at 1148 by Dr. Scott

Review of Previous Minutes: Minutes stand approved as is.

SQL Presentations:

Kathy Kirkley Barret Hospital in Dillon presented 3 cases that demonstrate different issues that they have been seeing. Blunt Trauma with decreased ability for survival, missed opportunities and only the strong survive. They have established a relationship with Idaho Falls for back up facility.

Neil Heino KRMHC presented a case involving a restrained driver that collided with a semi resulting in a traumatic amputation of arm. The patient's family refused all blood products. The question what to do with pts who refuse blood products when involved in serious trauma was presented. It is very important to find out the degree of what they do accept. The combination of Epoetin alfa 40,000 u every other day, Folic Acid, Iron Sucrose, Lansoprazole 30mg, B12, hydration, oxygen and delay of procedures can be utilized if they accept this level of treatment. There are some treatment protocols out there. The key is to get info from the family to find out what regimen they will accept. The patient's stay may have been shorter with blood administration.

Leah Emerson from St. Luke's in Ronan presented 2 cases. Pt had head injury basilar skull fx. Question of intubating the patient for transport with vomiting and being backboarded. The neurosurgeon at the receiving facility requested pt not be intubated and give no further medications that can affect the mental status. Pt was intubated in ER at receiving facility. The question was should the decision be made by treating physician or receiving provider? The provider treating the patient needs to make the call based on ATLS guidelines. Teamwork is encouraged. If you are uncomfortable transferring a patient talk to the ER Doc. It's not offensive it is just your opinion to a teammate. Voice your concerns!

John Bleicher from St. Pat's presented 4 cases. Pt relatively stable with minor injuries who had a stroke the next day. Blunt cerebrovascular Injury Guideline. New Guideline from EAST. Can rise as high as 2.7% patients with an ISS \geq 16. . **Guidelines attached.**

Male snowboarding crashed. Pt has decreased breath sounds on R pale and ashen. Chest thoracostomy was performed. Pt discharged home did fine. Should EMS be needling chests in the field based on decreased breath sounds alone? It was the consensus of the group that a chest should be needled when the patient has decreased breath sounds and is hypotensive BP <90 or they have a tension pneumothorax. EMS should be aggressive with needling if there is a penetrating torso injury or traumatic arrest. Medical control may be needed for authorization of needling. The standard needle should be a 12 g 5cm. 50% of people have thicker than 4.4cm chest walls.

A male was stabbed in abdomen, was unresponsive and had a significant wound. Pt was placed in trendelenburg. Trauma patients should not be in Trendelenburg position. Trendelenburg can cause compression of the lungs and if there is a diaphragmatic tear, it may get worse with this positioning.

New Business:

1. PACs system compatibilities throughout the region. There have been issues with discs being unreadable. It would be great if the systems could be connected and images could be reviewed by receiving facilities. Radiology departments need to meet and come up with a solution to the PACs compatibility. St. Pat's will research the issue and determine the problems.

Old Business:

1. Montana Advanced Airway study update 3 month pilot has been completed. Statewide study will begin May 1st. The study looks at use of ET tubes and rescue airways prehospital.

State Report:

ATLS

June 11 and 12 Missoula

October 15 and 16 Missoula

November 5 and 6 Billings

[Contact Gail Hatch](#)

STCC

Tuesday May 11

Mild TBI referrals

3rd Preventable death study

2010 STCC Appointments

WRTAC: Dr. Pickhardt, Leah Emerson

ERTAC: Sam Miller

Designation Verification

Focused Review

Dillon 3/2/10

Designation Visit

Ronan Ennis Scobey Lewistown, Colstrip, Crow Agency, and Phillipsburg

Focused Review Dillon and Whitefish

FR/Documentation Conrad and Superior

ACS Level III Kalispell RMC March 8

ACS Level II Reverification

St. Pat's March 8th and 9th

Level II Billings Clinic May 17th and 18th

Webex for Trauma coordinators was February 9, 2010. More will be scheduled.

Spring Fever April 17, 2010 at Hilton Garden Inn in Missoula

MHREF rural flex grant funds

1. Regional ATLS equipment
2. Development of web based Trauma Coordinator education Course
3. Pre hospital trauma course

AATTC Course February 4, 2010

Contact the Jennie Nemec for course information

ABLS 116 people have completed them. More courses will be coming up.

BDLS

April 13 15 20 22

May 4 6 11 13

ADLS at Fairmont registration will begin soon.

Emergency Care Committee 2/22/10

Air Medical Work Group

Pan Flu work group

STEMI system

Next Meeting 6/7/10 ?Billings

System Issue

Air Medical Safety

ECC: Medical Work Group All interested flight services, others invited

Position Statement

Draft for NASEMSO:

HEMS transport decision independent from all medical/need issues

HEMS programs to be notified if flight already turned down by other service due to weather/concerns

Financial incentives for adhering to safety rather than high utilization volumes

HEMS programs should be nationally accredited

Utilization based on measurable benefit outweighing risk

Must be integrated with health care environment and systems

Active EMS physician involvement in all aspects

National guidelines with patient centered PI process

System Issue

Pediatric neurosurgery availability

Nationally 75 % neurosurgeons not operating on children

53% neurosurgeons changed patient mix

Interfacility transfer care

RTACs

PI from Central Trauma Registry

- EMS trip reports

- Deaths
- GCS <9 and not intubated

TEAM Course issues

Trauma Team responses with leadership changes

GCS educational tool, all ages

ET Study 5/1/10

Anticoagulated Trauma Patients

Obese Trauma Patients

Rural Preventable mortality Study

1990 (1992) Pre system study overall preventability 13%

2000 (1998) Post system study overall preventability 8%

ETT, Chest tubes, Fluid resuscitation

Preventability

Appropriateness of care

Phases of care Types of inappropriate care/phase

Another study will be completed soon.

Committee Reports

Education and Finance - We have \$11,094 in our account. Support for Rimrock Trauma conference \$50 enrollment fee was approved. PA from Dillon request for funds for ATLS. WRTAC will pay the tuition for the midlevel. Spring Fever at Hilton Garden Inn on April 17, 2010 at 0800. St. Pats is hiring a part-time outreach education and injury prevention. Possibility of developing a one day Trauma Nurse course. Consider what educational request you may have. Montana Advanced Airway Study Proposed Budget to be \$8,000. WRTAC is asked to give \$2,000 to support the Study. Proposal was motioned and seconded in favor by all.

EMS/Medical Directors: Life Flight 3 is a new fixed wing with third crew. The state has funds for AEDs in community placement. If an AED is needed contact www.dphhs.mt.gov

Injury Prevention: Fall Program and SBERT programs are growing

Seatbelt coalition gearing up for round 7.

Traumatic Brain Injury awareness and referral program.

Planned Area Trauma Updates:

Deer Lodge is planning on building a new hospital. TNCC is May 12th and 13th with slots available. Contact Krissy Lowery 846-7719 to sign up.

Missoula – new part-time outreach education position.

Community – New Trauma Coordinator. New pediatric intensivist and surgeon. 2 pediatric hospitalists.

Care Flight are now Omniflight they will be based at CMC under contractual relationship. Lynette Sharp is the regional clinical manager.

St. James has Judy Jacoby as their new trauma coordinator. Education for EMS and Fire fighters.

Dillon – Building new facility. Staffing issues and budgetary restraints.